

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2		/				
3		/				
4		/				
5		/				
6		2				
7		1				
8		/				
9		/				
10		/				
11		3				
12		2				
13		/				
14		/				
15		/				
16	/					
17		/				
18		/				
19						
20		2				
21		1				
22		2				
23		2				
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49						
50						
TOTAL IND.	5					
TOTAL DEP.	31					
TOTAL CLAIMS	36					

	IND		DEP		IND		DEP	
	IND	DEP	IND	DEP	IND	DEP	IND	DEP
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TOTAL CLAIMS								